

* IN THE

* CIRCUIT COURT

* FOR

* _____

* Civil No.:

* *

FAMILY SUPPORT SERVICES CHECKLIST

Date of Scheduling Conference: _____

Table 1. Proceedings Scheduled

PROCEEDING TYPE	SCHEDULED DATE	JUDGE/MASTER
Emergency Hearing		
Pendente Lite Hearing		
Other Hearing - Type: _____		
Pretrial Conference		
Merits		

Table 2. Services Ordered or Referred

Service	Provider	Date	PLAINTIFF Compliance			DEFENDANT Compliance			OTHER: _____ Compliance		
			Yes	No	Fee Pd	Yes	No	Fee Pd	Yes	No	Fee Pd
<input type="checkbox"/> Co-parenting Seminar											
<input type="checkbox"/> Custody/Visitation ADR											
<input type="checkbox"/> Marital Property ADR											
<input type="checkbox"/> Child Counsel <input type="checkbox"/> Nagle v. Hooks <input type="checkbox"/> GAL <input type="checkbox"/> Advocate											
<input type="checkbox"/> Custody Investigation											

Service	Provider	Date	PLAINTIFF Compliance			DEFENDANT Compliance			OTHER: _____ Compliance		
			Yes	No	Fee Pd	Yes	No	Fee Pd	Yes	No	Fee Pd
<input type="checkbox"/> Mental Health Evaluation											
<input type="checkbox"/> Substance Abuse Testing											
<input type="checkbox"/> Paternity Testing											
<input type="checkbox"/> Visitation Services <input type="checkbox"/> Supervised Visits <input type="checkbox"/> Monitored Exchange											
<input type="checkbox"/> Other: _____											
<input type="checkbox"/> Other: _____											

Comments: _____

Family Support Services Coordinator

Date